



Title: MEDICAL INFORMATION
SYSTEM AND METHOD
Inventor(s): Muchin et al.
DOCKET NO.: 082454-0110

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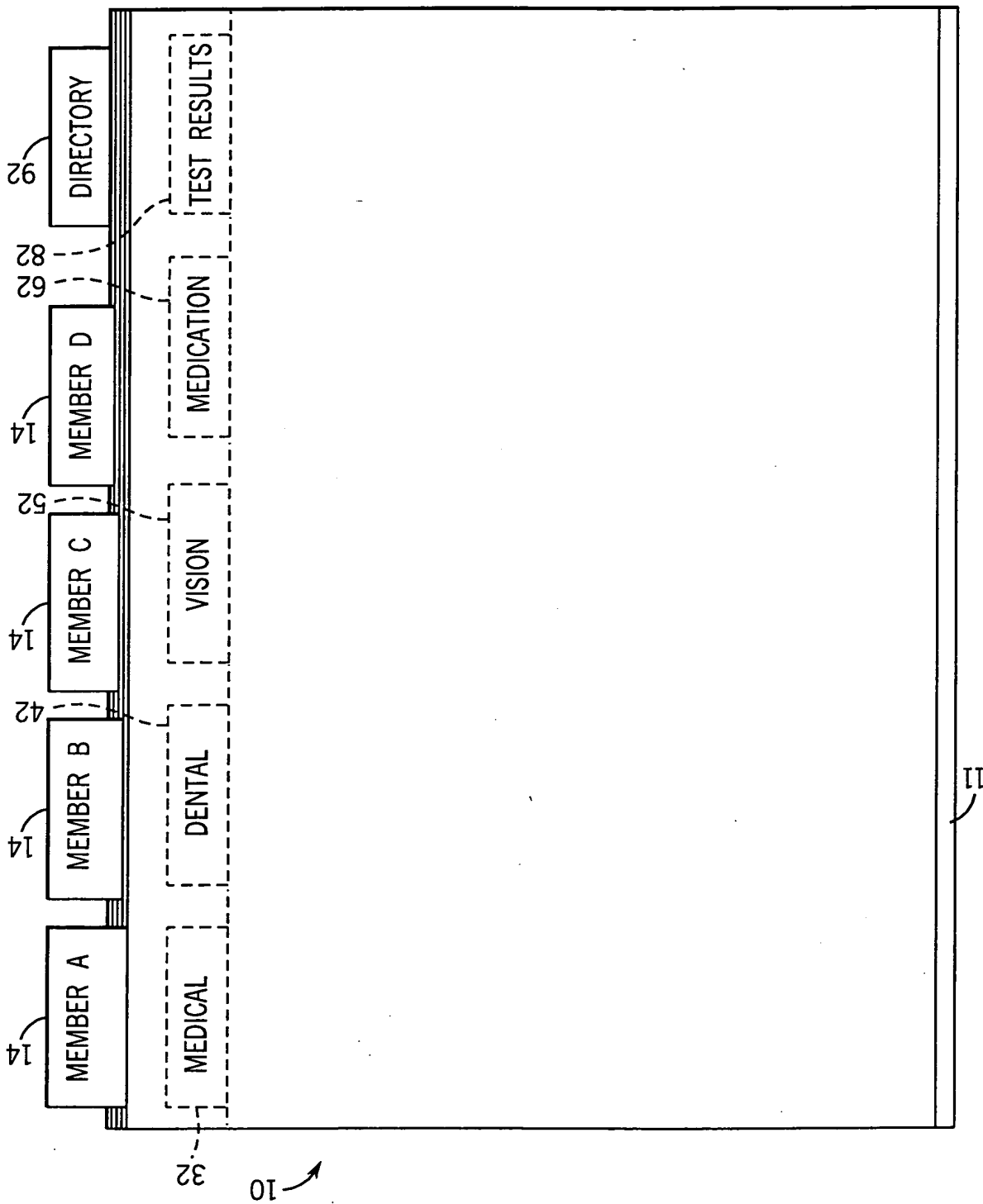


FIG. 1

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MEMBER A

10

NAME: _____

BIRTHDATE: _____ SS#: _____

BLOODTYPE: _____

ALLERGIES: _____

SPECIAL
CONDITIONS: _____

NOTES: _____

FIG. 2



FIG. 3

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MEDICAL	
<div>36</div> <div># M _____</div>	<div>DATE:</div>
PURPOSE:	<div>38</div> <div><input type="checkbox"/></div> <div>MEDICATION</div>
PHYSICIAN:	CLINIC / HOSP:
DIAGNOSIS:	
TREATMENT:	
FOLLOW-UP:	
<div># M _____</div>	<div>DATE:</div>
PURPOSE:	<div><input type="checkbox"/></div> <div>MEDICATION</div>
PHYSICIAN:	CLINIC / HOSP:
DIAGNOSIS:	
TREATMENT:	
FOLLOW-UP:	
<div># M _____</div>	<div>DATE:</div>
PURPOSE:	<div><input type="checkbox"/></div> <div>MEDICATION</div>
PHYSICIAN:	CLINIC / HOSP:
DIAGNOSIS:	
TREATMENT:	
FOLLOW-UP:	

MEDICAL

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FIG. 4

[illegible]

FIG. 5

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DENTAL	
<div>46</div> <div># <u>D</u> _____</div> <div>PURPOSE:</div> <div>DENTIST / ORTHO:</div> <div>DIAGNOSIS:</div> <div>TREATMENT:</div> <div>FOLLOW-UP:</div>	<div>DATE:</div> <div><div>48</div><div><input type="checkbox"/></div><div>MEDICATION</div></div> <div>X-RAY:</div>
<div># <u>D</u> _____</div> <div>PURPOSE:</div> <div>DENTIST / ORTHO:</div> <div>DIAGNOSIS:</div> <div>TREATMENT:</div> <div>FOLLOW-UP:</div>	<div>DATE:</div> <div><div><input type="checkbox"/></div><div>MEDICATION</div></div> <div>X-RAY:</div>
<div># <u>D</u> _____</div> <div>PURPOSE:</div> <div>DENTIST / ORTHO:</div> <div>DIAGNOSIS:</div> <div>TREATMENT:</div> <div>FOLLOW-UP:</div>	<div>DATE:</div> <div><div><input type="checkbox"/></div><div>MEDICATION</div></div> <div>X-RAY:</div>
<div># <u>D</u> _____</div> <div>PURPOSE:</div> <div>DENTIST / ORTHO:</div> <div>DIAGNOSIS:</div> <div>TREATMENT:</div> <div>FOLLOW-UP:</div>	<div>DATE:</div> <div><div><input type="checkbox"/></div><div>MEDICATION</div></div> <div>X-RAY:</div>

DENTAL

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FIG. 6

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[illegible]

FIG. 7

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VISION	
<div>56</div> <div># <u>V</u> _____</div> <div>PURPOSE:</div> <div>PHYSICAN:</div> <div>DIAGNOSIS:</div> <div>TREATMENT:</div> <div>FOLLOW-UP:</div>	<div>DATE:</div> <div><div>58</div><div><input type="checkbox"/></div><div>MEDICATION</div></div>
<div># <u>V</u> _____</div> <div>PURPOSE:</div> <div>PHYSICAN:</div> <div>DIAGNOSIS:</div> <div>TREATMENT:</div> <div>FOLLOW-UP:</div>	<div>DATE:</div> <div><div><input type="checkbox"/></div><div>MEDICATION</div></div>
<div># <u>V</u> _____</div> <div>PURPOSE:</div> <div>PHYSICAN:</div> <div>DIAGNOSIS:</div> <div>TREATMENT:</div> <div>FOLLOW-UP:</div>	<div>DATE:</div> <div><div><input type="checkbox"/></div><div>MEDICATION</div></div>
<div># <u>V</u> _____</div> <div>PURPOSE:</div> <div>PHYSICAN:</div> <div>DIAGNOSIS:</div> <div>TREATMENT:</div> <div>FOLLOW-UP:</div>	<div>DATE:</div> <div><div><input type="checkbox"/></div><div>MEDICATION</div></div>

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VISION

FIG. 8

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MEDICATION

68 MEDICATION: _____
INSTRUCTIONS: _____
DATE: _____ QTY: 70 REFILL INFO: 72
PHARMACY: _____ PHONE #: _____
PRESCRIPTION #: _____ PRESCRIBED BY: _____
74 COMMENTS: _____ REF. # 76
MEDICATION: _____
INSTRUCTIONS: _____
DATE: _____ QTY: _____ REFILL INFO: _____
PHARMACY: _____ PHONE #: _____
PRESCRIPTION #: _____ PRESCRIBED BY: _____
COMMENTS: _____ REF. # 22
MEDICATION: _____
INSTRUCTIONS: _____
DATE: _____ QTY: _____ REFILL INFO: _____
PHARMACY: _____ PHONE #: _____
PRESCRIPTION #: _____ PRESCRIBED BY: _____
COMMENTS: _____ REF. # 62
MEDICATION

FIG. 9

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[illegible]

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FIG. 10

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[illegible]

TEST RESULTS

FIG. 11

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[illegible]

FIG. 12

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PROVIDER DIRECTORY	
TYPES: VETERINARIANS, EMERGENCY VET HOSPITAL, BOARDER / KENNEL, GROOMER, ETC.	
NAME:	_____
ADDRESS:	_____
CITY:	_____ STATE: _____ ZIP: _____
PHONE #:	_____
94 TYPE:	_____
COMMENTS:	_____ _____
NAME:	_____
ADDRESS:	_____
CITY:	_____ STATE: _____ ZIP: _____
PHONE #:	_____
TYPE:	_____
COMMENTS:	_____ _____
NAME:	_____
ADDRESS:	_____
CITY:	_____ STATE: _____ ZIP: _____
PHONE #:	_____
TYPE:	_____
COMMENTS:	_____ _____

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DIRECTORY

FIG. 13